



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT ANDERSON REGIONAL HOSPITAL

City of Hospital: Anderson

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$214034969 |
| Outpatient Patient Service Revenue | \$469579916 |
| Total Gross Patient Service Revenue | \$683614885 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$473206237 |
| Other Deductions | \$13946979 |
| Total Deductions | \$487153216 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$196461669 |
| Other Operating Revenue | \$4767092 |
| Total Operating Revenue | \$201228761 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$51030431 | Employee Benefits | \$15803649 |
| Depreciation and Amortization | \$5770388 | Interest Expense | \$533297 |
| Bad Debt | \$0 | Other Expenses | \$116490458 |
| Total Operating Expenses | \$189628223 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses | \$11600538 | Total Assets | \$85953000 |
| Net Non-operating Gains over Loss | \$-1215361 | Total Liabilities | \$51703000 |

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|-----------------|------------|
| Total Net Gains | \$10385177 |
|-----------------|------------|

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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$352951344 | \$278684106 | \$74267238 |
| Medicaid | \$141580276 | \$104386963 | \$37193313 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$189083265 | \$104082147 | \$85001118 |
| Total | \$683614885 | \$487153216 | \$196461669 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$247337 | \$-247337 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$63181 | \$124344 | \$-61163 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$173529 | \$-173529 |
| Hospital Patients | \$0 | \$2658 | \$-2658 |
| Community Education | \$1090 | \$232120 | \$-231030 |

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|---|------|
| Number of Medical Professionals Trained | 457 |
| Number of Hospital Patients Educated | 372 |
| Number of Citizens Exposed to Health Education Messages | 6032 |

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| Statement Six: Charity Statement |
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|--------------------------|------------|
| Hospital Charity Charges | \$27377607 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$6839983 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$6839983 | \$-6839983 |
| Medicaid Shortfalls | \$37193313 | \$46175877 | |
| Subtotal | \$37193313 | \$53014970 | \$-15821657 |
| DSH Payments | \$0 | | |
| Subtotal | \$37193313 | \$53014970 | \$-15821657 |
| Medicare Shortfalls | \$74267238 | \$88180871 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$111460551 | \$141195841 | \$-29735290 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$406298 | \$-406298 |
| Community Assessment | \$0 | \$251187 | \$-251187 |
| Provision of Taxes | \$0 | \$10803658 | \$-10803658 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments